

IpsO Facto

6900 SEVEN LOCKS ROAD CABIN JOHN, MD 20818
301 320-0385 301-3208091 fax

RECEIVED

2012 APR 10 AM 9:20

FEC MAIL CENTER

April 6, 2012

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Re: Statement of Organization (FEC FORM 1) FOR "IpsO Facto," and Independent Expenditure-Only PAC

To Whom I May Concern:

Enclosed please find the Statement of Organization (FEC form 1) for the Super PAC, "IpsO Facto."

IpsO Facto intends to make unlimited independent expenditures. Consistent with the U.S. Supreme Court's decision in *Citizens United*, the U.S. Court of Appeals for the District of Columbia's Circuit's decision in *SpeechNow*, and the Commission's 2009-10 and 2010-11 Advisory Opinions, it therefore intends to raise individual, corporate, and labor funds in unlimited amounts. IpsO Facto will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted;

Marc Chimes, President


Constantine Seder, Treasurer



Enclosure: IpsO Facto PAC Statement of Organization

12030764707

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

2012 APR 10 AM 9:20

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5C MAIL CENTER

IPSO FACTO

ADDRESS (number and street)

16900 SEVEN LOCKS ROAD

☐

(Check if address
is changed)

CABIN JOHN

MD

20818

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address
is changed)

IPSOFACTOPAC@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

WWW.IPSOFACTOPAC.COM

2. DATE

04 / 06 / 2012

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

CONSTANTINE SEDER

Signature of Treasurer

Constantine Seder

Date

04 / 06 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating In Joint Fundraiser

- | | | | |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

12030764709

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

301-320-0385

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Mailing Address

Title or Position

TREASURER

Telephone number

301-320-0385

12030764710

Full Name of
Designated
Agent

MARC CHINES

Mailing Address

6722 SULKY LANE

NORTH BETHESDA

CITY

MD

STATE

20852

ZIP CODE

Title or Position

AGENT

Telephone number

301-231-8514

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CAPITAL ONE

Mailing Address

7941 TUCKERMAN LANE

POTOMAC

CITY

MD

STATE

20854

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030764711

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☒ USPS First Class Mail Postmarked
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☐ Postmark Illegible

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☐ Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery ☐

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked


PREPARER
(3/2005)

4/10/12
DATE PREPARED

12030764712